

PERSONIX LAYOUT
STATE OF ARIZONA - AFMC
Identification Card
(Rev. 09/16/04)

Insert Front

Insert Back

EMPLOYEE NAME
ADDRESS
CITY, ST ZIP

AZ Benefit Options-Harrington
PO Box 33396
Phoenix AZ 85067-3396

This is your new member ID card for the Arizona Benefit Options Program. You will need to show this card when you receive medical care or prescription medication. Please verify that your information on the front is correct. If you need additional cards, need a correction made or have a question, please call Customer Services at 1-888-999-1459.

This card uses a unique 9 digit number (not your Social Security Number) to protect your privacy.



Arizona Foundation – PPO Plan

Client ID#: 3J
Patient Name:
Member ID:
Effective Date:

In-network copays:

PCP Visit \$10
Specialist \$10
Hospital ER \$75
Urgent Care \$20
RX \$10/\$20/\$40



RxBIN 603286
RxPCN 01410000
RxGrp 512298
Issuer: 80840

Rx Member Services
Help Desk
1-866-722-2141

Customer Service # 1-888-999-1459

This card and/or pre-certification does not guarantee coverage.



Beech Street Corporation Nationwide PPO and Affiliated Networks:

BESTCARE Network LA, MS AL IA, NE MT, WA WY

Travel Network outside AZ

To verify a provider's status in the PPO network call: 1-888-999-1459. www.myazhealth.com

Send all claims to:
Arizona Foundation for Medical Care
PO Box 2909
Phoenix AZ 85062-2909
Payor ID # 86062

All Other Communication:
AZ Benefit Options-Harrington
PO Box 785
Pueblo, CO 81002-0785

PRE-CERTIFICATION REQUIREMENTS

ATTENTION EMPLOYEES, HOSPITALS, AND PHYSICIANS: Call before a scheduled hospital admission or within 2 work days after an emergency admission, otherwise benefits may be reduced or denied. You must also call to pre-certify specific outpatient services.

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